

PROPERTY CONTROL TRANSFER FORM

Section I

Employee Name/Home Address:	Work Address (Include Office Number)	Work Number:
		Home Number:
Description (s) of item issued:	Serial Number (s):	State Tag Number(s)

I certify that the referenced property has been assigned to me to conduct official state business. I assume responsibility for the above referenced equipment if it is lost, stolen, damaged or destroyed due to my neglect.

Employee Signature:	Date:
Approved by Immediate Supervisor: (Signature)	Date:
Verified by Section Property Control Liaison: (Signature)	Date:

Section II

I certify that the above listed property has been returned to the property control liaison and/or accounted for is in proper working condition. **(Discrepancies should be noted on the back)**

Employee Signature:	Date:

Section III

I acknowledge receipt of the above listed property and assume responsibility until disbursement to another employee.

Date of Return:	Received by: